

Required for verification of licensed supervision and experience.

A separate form is required to be completed by each board-approved supervisor.

22 TAC §801.143 Supervisor Requirements (f)(5) A supervisor shall timely submit accurate documentation of supervised experience.

**TEXAS STATE BOARD OF EXAMINERS
OF MARRIAGE AND FAMILY THERAPISTS
LICENSED SUPERVISED EXPERIENCE VERIFICATION FORM**

Mail this correspondence (no fees enclosed) to:
Texas State Board of Examiners of Marriage and Family Therapists
Mail Code 1470, P.O. Box 149055
Austin, Texas 78714-9055
Phone: 1-512-834-6657 Fax: 1-512-834-6677
Email: mft@hhsc.state.tx.us

I. Supervisee Information

Name: _____ Associate License #: _____

Phone #: _____ Email: _____

II. Supervisor Information *(supervisor must meet the board's criteria)*

Name: _____ License #: _____

Phone #: _____ Email: _____

Are you a Texas board-approved supervisor? ☐ Yes ☐ No

If no, submit license verification, including supervisor status if granted by other jurisdiction.

III. Verification of supervision hours

In the setting described below, I, the board-approved supervisor or supervisor from another jurisdiction, provided the following number of supervision hours to the named supervisee:

Verification of supervision hours:	HOURS
Hours of Individual Supervision	
Hours of Group Supervision	
Total Hours:	

Of the total supervision hours, how many were provided via telephonic or other electronic media? _____
(no more than 50 hours will be counted towards supervision requirements)

IV. Verification of supervised experience hours – Include total number of supervised experience hours accrued by the LMFT Associate (not including the above-reported hours of supervision). The start date may be no earlier than the “Supervision Plan Approved” dated noted by board staff at the top of the Supervisor Agreement Form.

Dates: From _____(MM/DD/YYYY) to _____(MM/DD/YYYY)

Total years and full months: _____

Of the total hours of professional services:		HOURS
How many hours were <i>direct clinical services</i> ?		
How many hours were services to <i>couples or families</i> ?.....		
How many hours were services to <i>individuals</i> ?.....		
How many hours were <i>indirect clinical services</i> ?		
Total Practice Hours (Direct + Indirect):		

V. Affidavit of Accuracy and Signatures — Under penalties of perjury, I declare and affirm that the statements made in this Verification Form, including any accompanying statements or documents, are true, complete, and correct. I understand that giving the board false information of any kind may result in denial of licensure or other disciplinary action against the LMFT Associate and/or the LMFT Supervisor.

Supervisor's Signature

Date

Supervisee's Signature

Date

PRIVACY NOTIFICATION: With few exceptions, you have the right to request and be informed about information that the State of Texas collects about you. You are entitled to receive and review the information upon request. You also have the right to ask the state agency to correct any information that is determined to be incorrect. See <http://www.hhsc.state.tx.us/> for more information on Privacy Notification. (Reference: Government Code, Section 552.021, 552.023, 559.003 and 559.004).

